PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

Application or Docket Number

10/723,004

											<i>/</i> ·	
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL E	NTITY			RTHAN
	OTAL CLAIMS	<u> </u>	(Column	7	T	JMn 2)	7	TYPE [——! ——!	OH ¬	SMALL	,
			<u> </u>	98			1.	RATE	FEE	_	RATE	FEE
FOR			NUMBER	NUMBER FILED		NUMBER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00
T	OTAL CHARGE	ABLE CLAIMS	28 min	み8 minus 20=		* .8		X\$ 9=	72.00	OR	·X\$18=	
	DEPENDENT C		6 · minus 3 =		3		X43=	12€.0	OR	X86=		
L		NDENT CLAIM PI		·]	+145=		ÓВ	+290=	
* 1			•	ss than zero, enter "0" in column 2			. 1	TOTAL	28.6 : C4	OR	TOTAL	
	. C	CLAIMS AS A (Column 1)	MENDED	MENDED - PART II (Column 2) (Column 3)			L	SMALL	ENTITY	OR	OTHER SMALL	
AMENDMENT A		CLAIMS CLAIMS CHAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	EST BER DUSĽY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	7	RATE	. ADDI- TIONAL FEE
NON	Total	*	Minus	**		= .] [X\$ 9=		OR	X\$18=	
AME	Independent	* TATION OF MI	Minus	***		=	[X43=		OR	X86=	
	FIRST FILLUL	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+145=		OR	+290=	
	• .	• .								OR	TOTAL ADDIT, FEE	
	· .	. (Column 1)		VDDIT. FEE	L	.1	40011.1	L				
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	-	(Colum HIGHE NUMB PREVIO PAID F	EST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Q Q N	Total	*	Minus	4-4		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=] [X43=		OR	X86=	
l	FIRST PHESE	NTATION OF MU	ILTIPLE DEP	ENDENT	CLAIM]	+145=		OR	+290=	•
								TOTAL DOIT. FEE			TOTAL ADDIT. FEE	
		(Column 1)		(Colum	in 2)	(Column 3)				•	10011	
Z -		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID F	ST IER USLY	PRESENT EXTRA		RATE :	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	4-4-		=		X\$ 9=		OR	X\$18=	
	Independent		Minus .	1-1 4-		=	-	Y/2-		_ -	V06-	
	FIRST PRESE	VTATION OF MU	ILTIPLE DEPI	LE DEPENDENT C			-	X43≃		OR .	X86=	
If the optorior artisms the large than the optorior and the optorior								+145=		OR	+290=	
* If the entry in column 1 is less than the entry in column 2, write 101 in column 3 ** If the 1Highest Mumber Previously Paid Fort IN THIS SPACE is less than 20, enter 120. ** OR ADDIT FEE ADDIT FEE												
T	he "Highart throb	and Organizated Opid	For Problem	Indana.dee	ar in the f	محاطيني ماكية متاويد		i in the same	opriata bas	in seden	aus I	Ţ